



2008 Benefit Information Session



Shelby County Government

Effective July 1, 2008



2008 Benefit Options

Effective July 1, 2008



- **OPEN ACCESS PLUS/IN-NETWORK (OAPIN)**
(Similar to old CIGNA POS)

- No Out of Network Benefits
- Specialist Office Visit Copayment Increased to \$30
- Emergency Room Copayment Increased from \$75 to \$100
- OB/GYN Office Visit Copayment **Decreased** to \$20
- Urgent Care Copayment Increased to \$30
- Pharmacy Benefits will be Administered by Medco



2008 Benefit Options

Effective July 1, 2008



- **OPEN ACCESS PLUS (OAP)**

(similar to your current CIGNA PPO plan)

- Emergency Room Copayment Increased from \$75 to \$100
- Mail Order Generic Copay Increased from \$10 to \$20 (90 day supply)
- Pharmacy Benefits will be Administered by Medco



2008 Benefit Options

Effective July 1, 2008



- **CIGNA CHOICE FUND (HRA)**

- New Plan for 7/1/2008
- Funds for this plan have Rollover Feature **(If You Don't Use It, You Don't Lose It)**
- Pharmacy Benefits will be Administered by CIGNA TEL-DRUG

WHAT'S NEW FOR ALL PLANS

Moving to an Open Access Plus Network

- Freedom to visit any provider within the CIGNA network—with no referrals
- Nationwide network of doctors and hospitals (522,000 providers and 5,800 hospitals/healthcare facilities)
- List of in-network providers on www.cigna.com
- Guesting no longer an issue for dependents in other areas



What is CIGNA Choice Fund? NEW PLAN

- CIGNA Choice Fund is a deductible/coinsurance medical plan in which Shelby County Government helps pay your medical cost by putting money into a Health Reimbursement Arrangement (HRA) Fund for you and your family.
- Shelby County puts **\$650** (single) or **\$1,300** (employee+1) or **\$1,950** (family) into your **HRA Fund**.
- If you use up the money in the fund, then you pay the remaining deductible which is:
 - **\$750** (single), or **\$100 after fund**
 - **\$1,500** (employee+1), or **\$200 after fund**
 - **\$2,250** (family), or **\$300 after fund****(deductible shown is for plan year 7/1/08-12/31/08)***
- Deductible is a combined medical/pharmacy deductible with a collective deductible *(All family members must meet individual deductible)*
- After you meet the deductible, you and the plan share the cost of medical expenses. This is called coinsurance.
- You pay 10% in-network coinsurance and 40% out-of-network coinsurance, until your out-of-pocket expenses are met.
- **Once you reach your out-of-pocket maximum, which includes the deductible, the plan will pay 100% for all eligible medical and pharmacy expenses for the remainder of the year.**

CIGNA CHOICE FUND HRA Plan Comparison

CIGNA Choice Fund	In-Network	Out-of-Network
Health Reimbursement Account	\$650 Single \$1,350 EE+1 \$1,950 Family	\$650 Single \$1,350 EE+1 \$1,950 Family
Deductible* (for 7/1-12/31/08)*	\$750 Single \$1,500 EE+1 \$2,250 Family	\$750 Single \$1,500 EE+1 \$2,250 Family
Coinsurance	After HRA fund and deductible, you pay 10% up to your out of pocket maximum	After HRA fund and deductible, you pay 40% up to your out of pocket maximum
Annual Out of Pocket Maximum (Includes Deductible)	\$2,000 Single \$3,500 EE+1 \$5,000 Family	\$4,000 Single \$9,000 EE+1 \$12,000 Family
Office Visit	After HRA fund and deductible, you pay 10% up to your out of pocket maximum	After HRA fund and deductible, you pay 40% up to your out of pocket maximum
Preventive Care	Plan pays 100%	In-network coverage only
Emergency Room/ Urgent Care	After HRA fund and deductible, you pay 10% up to your out of pocket maximum	After HRA fund and deductible, you pay 10% up to your out of pocket maximum (except if not a true emergency, then 40% after plan deductible)
Outpatient Diagnostic/Non-Routine Lab/X-Ray Physician's Office	You pay 10% up to your out of pocket maximum	You pay 40% up to your out of pocket maximum

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CIGNA CHOICE FUND HRA-PHARMACY

CIGNA Choice Fund HRA	Pharmacy Benefit-administered by CIGNA Pharmacy/TEL-DRUG
<p>Prescription Drugs (combined medical/pharmacy deductible- REMEMBER that HRA dollars DO apply to pharmacy costs)</p> <p>Retail (30 day supply)</p> <p>Mail Order (90 day supply)</p> <p>QUICKSWITCH to CIGNA Tel-Drug with one phone call</p> <p>3 WAYS TO ORDER</p>	<p>20% Generic 20% Preferred Brand with Generic Buy-Up 40% Non-Preferred Brand</p> <p>\$20 Generic \$50 Preferred Brand \$110 Non-Preferred Brand \$50-Injectable Drugs* (days supply may vary)</p> <p>1-800-258-4812,OPTION 1,Est. 501</p> <p>ONLINE,BY PHONE, OR MAIL</p>





What a year looks like for the Cooper family

Preventive Care Expenses

Annual physical exams; mammogram \$1,500

Covered 100%; no cost to the Cooper Family

Medical Expenses

Lab Work	\$ 200
Outpatient Surgery	\$6,000
15 Prescriptions	\$ 800
12 doctor visits	<u>\$1,600</u>
TOTAL	\$ 8,600

How Claims are Paid

HRA Fund	\$-1,950
Cooper's share of deductible	<u>\$-300</u>
Amount to be paid by Coinsurance	\$6,350
Plan's portion Coinsurance (90%)	\$5,715
Member's Coinsurance (10%)	\$635
TOTAL Paid by Plan	\$ 9,165
(Preventive care, HRA Fund & Coinsurance)	
TOTAL Paid by Coopers	\$ 935
(Deductible & Coinsurance)	

Out-of-Pocket

Annual Deductible

Plan pays 100%
after out-of-pocket maximum met

Health Plan
Coinsurance

90% In-Network

Their Share
Of Deductible

\$300

Health
Reimbursement
Arrangement (HRA)
100% Funded by SCG

\$1,950 Family

Preventive Care Covered at 100%

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Using Your Choice Fund Plan for Medical/Pharmacy Services

- **Step 1** – CIGNA HealthCare receives the bill and determines how much you owe
- **Step 2** - CIGNA HealthCare sends you an Explanation of Payment, which includes
- **Step 3** – You can track your CIGNA Choice Fund account through your Monthly Health Statement or through myCIGNA.com

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Lifestyle Management: CIGNA Quit TodaySM Tobacco Cessation Program NEW PROGRAM Offered by Shelby County for 7/1/2008

- Call **1.866.417.QUIT (7848)** to enroll
- Designed to help you quit smoking or chewing tobacco
- Scheduled one-on-one calls for ongoing support and goal-setting
- Support includes unlimited calls to your coach and an optional telephone relapse support group
- Over-the-counter nicotine gum or patch included, if appropriate

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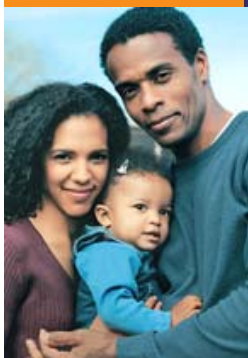
Support When your Doctor's Not Available

Call the toll-free number on your
CIGNA Healthcare ID card, 1-800-558-7453

- **CIGNA HealthCare 24 Hours Health Information Line**
 - Round the clock access to registered nurses.
- **CIGNA Health Advisor** (for CCFund HRA members)
 - Confidential health and wellness coaching
 - Phone calls to see if CIGNA can help
- **COMMUNICATION CONTINUES**
 - **After** you enroll, personal member website, myCIGNA.com
 - Healthy Rewards; discounts on weight management, vision and more
 - Monthly health statements to help track claims and expenses

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CIGNA HealthCare ID Card

Everyone covered under the CIGNA Health Plans will receive a new ID card.

You should receive your new ID Card prior to July 1st.



ENROLLMENT FORM

- Complete Enrollment Form
- Make copy for your record
- Return completed and signed enrollment form to Department Human Resources Representative

SHELBY COUNTY GOVERNMENT

Employee/Retiree Health Care Plans
Enrollment/Change Form

Insured and/or Administered by
Connecticut General Life Insurance Company
CIGNA HealthCare of Tennessee, Inc.



(Please complete this form in its entirety)

<input type="checkbox"/> OPEN ENROLL. <input type="checkbox"/> CHANGE <input type="checkbox"/> NEW ENROLL. <input type="checkbox"/> REINSTATE		EFFECTIVE DATE OF ADD/CHANGE CANCELLATION (MM/DD/CCYY) 07/01/2008	EMPLOYER NAME SHELBY COUNTY GOVERNMENT		EMPLOYER ADDRESS 160 N. MAIN ST., SUITE 949, MEMPHIS, TN 38103		
DEPT. NAME		DATE OF HIRE (MM/DD/CCYY)	BRANCH (OFFICE USE ONLY)		CIGNA ACCOUNT NO. 3209876		
TYPE OF CHANGE: <input type="checkbox"/> Add Dependent(s) * Date: _____ <input type="checkbox"/> Cancel Dependent(s) * Last Date of Coverage: _____ <input type="checkbox"/> Cancel Coverage * Last Date of Coverage: _____ * List Names in Section B			<input type="checkbox"/> Survivor <input type="checkbox"/> Name Change: From _____ To _____ <input type="checkbox"/> COBRA <input type="checkbox"/> Other _____		MEDICAL BENEFIT OPTIONS <input type="checkbox"/> OAPIN-Network (OAPIN) <input type="checkbox"/> OAP/PPPO (OAP) <input type="checkbox"/> CHOICE FUND <input type="checkbox"/> Single <input type="checkbox"/> Single (HRA1) <input type="checkbox"/> Family <input type="checkbox"/> Family <input type="checkbox"/> Single + One (HRA2) <input type="checkbox"/> Family (HRA3)		
EMPLOYEE/RETIREE	EMPLOYEE/RETIREE NAME (Last) _____ (First) _____ (M.I.) _____ SOCIAL SECURITY NO. _____						
	DATE OF BIRTH (MM/DD/CCYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	STATUS <input type="checkbox"/> Active <input type="checkbox"/> Retired	HOME PHONE () _____	WORKPHONE () _____	E-MAIL ADDRESS _____	
	ADDRESS (Street) _____			(City) _____		(State) _____ (Zip Code) _____	
	DEPENDENT INFORMATION			DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER	FULL TIME STUDENT? *
	Last Name	First Name	M.I.		MM DD CCYY		Yes No
	Spouse					<input type="checkbox"/> M <input type="checkbox"/> F	
	Dependent *			Relationship		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> <input type="checkbox"/>
	Dependent *			Relationship		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> <input type="checkbox"/>
	Dependent *			Relationship		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> <input type="checkbox"/>
	* DEPENDENTS - Up to age 25 if unmarried and a dependent of the employee; stepchild living with you. If totally disabled prior to age 25, attach proof of disability for eligibility review.						
<input type="checkbox"/> I wish to decline medical coverage with Shelby County Government. (Proof of other coverage required and must be attached or provided within 30 days).							
OTHER HEALTH CARE COVERAGE: Do you or your dependants have other health insurance under a group plan, HMO, or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:							
NAME OF PERSON COVERED		SOCIAL SECURITY NO.	EFFECTIVE DATE	MEDICARE Part A	MEDICARE Part B	MEDICAID	OTHER INSURANCE CARRIER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE - I have read this form and certify that all statements contained are true and correct to the best of my knowledge. I understand any material misrepresentation will result in the cancellation of my coverage and the denial of claims plus reimbursement to the health plan of any benefit payments. I understand that if my coverage contains limitations on pre-existing conditions that these limitations will be stated in the plan. I accept the provisions on the reverse side of this form which I have read and understand.							
EMPLOYEE'S SIGNATURE _____				DATE _____			
FOR OFFICE USE ONLY		EIN _____	DNV _____	INPUT BY _____			

909483 Rev. 03/2008

DISTRIBUTION: Original - Shelby County Government Employee - Please make a copy for your records.

(OVER)





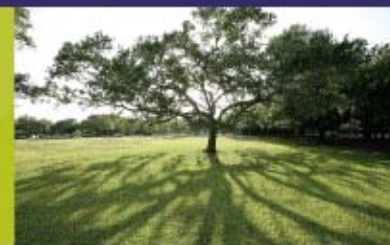
For more information...

- Call Question and Answer Line at 800-401-4041 from 8:00 a.m. to 6:00 p.m. (Monday thru Friday)

Shelby County Government's Annual Enrollment begins April 28th, 2008 and ends on May 16th, 2008 and **YOU MUST RE-ENROLL.**

You **MUST make a choice during the Annual Enrollment period by completing a new enrollment form.**





CIGNA

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"CIGNA" and "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

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